



Medicaid Update for Community Partners

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HCA MEDICAID UPDATE

Introduction

Topics to be covered

Questions from 2/13 webinar

- Application Process
- Medicare
- Renewal Process
- Residency
- Resources/Contact Info

APPLICATION PROCESS

Questions

Application Process

QUESTION:

If we think someone is Classic Medicaid eligible should we apply in the Washington Connection or Healthplanfinder application web portal?

ANSWER:

If everyone is over 65 years of age or entitled to Medicare, they should apply for health care coverage through Washington Connection at www.washingtonconnection.org

Application Process

QUESTION:

A permanent resident who is over 65 years of age is looking to apply for health care coverage, but has not met the 5 year bar. Where do they need to apply for coverage? DSHS (Washington Connection) or Healthplanfinder?

ANSWER:

- If needing AEM coverage, they would apply through DSHS (Washington Connection), as they are over 65 and not eligible for the new Adult program in HPF.
- If they need ongoing health care coverage, while waiting to meet their 5 year bar, they would need to go to Healthplanfinder to apply for HIPTC/QHP coverage.

Application Process

QUESTION:

Do clients who are applying for DSHS Long-term Care services need to apply through Washington Connection or Healthplanfinder?

ANSWER:

- If over 65 years of age or entitled to Medicare, they would apply through Washington Connection.
- If under age 65 and not entitled to Medicare, they would apply for the new Adult program through Healthplanfinder.

Application Process

QUESTION:

How do we handle homeless youth no longer residing in the family household who are under the age of 18 and want to apply for health care coverage? Is there a workaround for assisters to be able to complete the application without directing them to call the Healthplanfinder CSC?

ANSWER:

- There is no workaround. Minors must call the HPF CSC at 1-855-923-4633 to apply for health care coverage.
- A process is currently under development at HCA.
- The new process will soon be shared via the following listservs: HBE IPA, HCA Area Rep and WCOMO

Application Process

QUESTION:

Is there a way to create a user account after the application has already been processed? Can the previous application be linked up to the new user account?

ANSWER:

- Yes, the individual can create a user account after an application has already been processed.
- Once they've created the initial account and enter their demographic information, the two will be linked in Healthplanfinder.

Application Process

QUESTION:

What is the turnaround in Healthplanfinder on verifying pending documents that have been uploaded to a client's dashboard?

ANSWER:

Medicaid:

If HCA has sent the client a 10 day “Request for Information” letter – HCA staff will be prompted to enter Healthplanfinder to review and approve any pending documents that have been loaded into the HPF system.

Application Process

QUESTION:

What is the turnaround in Healthplanfinder on verifying pending documents that have been uploaded to a client's dashboard?

ANSWER:

HIPTC/QHP:

HBE staff is reviewing these documents daily. No adverse action is taken to an individual's account in the interim. It is also important to note that although the individual is “conditionally eligible” they may still continue forward with selecting and enrolling into a QHP. As long as the individual submits the required documentation within the 90 day conditional period and that documentation provides sufficient proof, the individual will have no negative action taken.

Application Process

QUESTION:

Is it true that the KO1 application process has changed to check eligibility for a different program first, then KO1 last?

ANSWER:

Yes. For example, a child would have their eligibility determined for Apple Health for Kids before being considered for the KO1 program. If they are not found eligible for Apple Health for Kids, then the application would follow the current KO1 process.

Application Process

QUESTION:

The ALSTA (Aging and Long-Term Support Administration) website directs all applicants for Home and Community Services (HCS) to apply at both the Healthplanfinder and Washington Connection web portals. Even clients over 65. Pend letters are sent to elderly clients to complete BOTH applications. Is this correct?

ANSWER:

Yes. At this time the website is correct. HCA and DSHS are currently working together to develop an improved process and will share this information via the listservs when available.

Application Process

QUESTION:

I have a couple who is “Married Filing Jointly” but only one of them needs a health plan because the other spouse has coverage through their employer. Why will Healthplanfinder not allow the other person to not receive coverage, since I indicated only one needs the health plan coverage?

ANSWER:

- This commonly occurs when the individual has indicated that they are applying for “Myself and Others” on the first screen. HPF has screen validations to make sure that if this option is selected, that there must be at least one individual, in addition to the Primary Applicant, who is seeking coverage.
- Receipt of other coverage does not make an individual ineligible for no-cost Medicaid.

Application Process

QUESTION:

When working with adults with mental illness who are currently (or never have) received Medicaid, is it better to go to Washington Connection or Healthplanfinder to apply?

ANSWER:

- **Washington Connection** – for those over age 65 or entitled to Medicare.
- **Healthplanfinder** – for those under age 65 and not entitled to Medicare.

Application Process

QUESTION:

Please state the Classic Medicaid options and how the Healthplanfinder will behave if there is an individual who qualifies for a Classic Medicaid program but begins their application in the Healthplanfinder web portal.

ANSWER:

If a 68 year old applies in Healthplanfinder (won't be eligible for MAGI family, pregnancy, children's or the new Adult program) and if they are entitled to Medicare (would not be eligible for HIPTC) they will be referred to WA Connection to complete an application or if they choose to not complete their application online, they'll automatically be sent the Supplemental HCA form 18-005.

Application Process

QUESTION:

Please discuss the Spenddown program and how assisters can help clients who are unable to pay their Spenddown before they can access services.

ANSWER:

There are no changes to the Spenddown program, but those individuals who are under 65 and not entitled to Medicare who have been determined disabled can apply and receive coverage under the new Adult program.

APPLICATION PROCESS

Questions?

MEDICARE

Questions

Medicare

QUESTION:

I would like to know about individuals who are “dual eligible” for Medicare and Medicaid. One of my clients was denied Medicaid because he has Medicare, but I thought he should qualify as a dual eligible.

ANSWER:

The only Medicaid this client would not be eligible for is the new Adult program (must be under 65 & no Medicare). He would be eligible for all other Medicaid programs if he meets the program requirements.

Medicare

QUESTION:

Is a client eligible for Washington Apple Health when they currently have Medicare?

ANSWER:

- Yes, remember that “Washington Apple Health” is the brand name for all Medicaid programs, which includes both MAGI Medicaid and Classic Medicaid.
- As shared previously, the only Medicaid program this client would not be eligible for is the new Adult program.

Medicare

QUESTION:

Can a person who is disabled and has Medicare Part B drop their Medicare Part B coverage and apply for Medicaid?

ANSWER:

If the question is “Can an individual drop their Medicare coverage and then apply to receive coverage under the new Adult Medicaid program?” the answer is “NO.” They must not be entitled to Medicare.

Medicare

QUESTION:

Is there a workaround for those that are age 65 or older, but not Medicare eligible? The HPF system seems to stop the application from moving forward even though they are not eligible for Medicare.

ANSWER:

Medicaid:

If the question is “Can I receive HIPTC if I am 65 and older and not eligible for Medicare?” The answer is “YES.” Healthplanfinder should not stop an application from moving forward in this situation.

Health Benefit Exchange:

Healthplanfinder (HPF) will provide an early opt out option to have this information transferred to Washington Connection. The individual is not required to accept that transfer of information. The individual can choose to proceed forward with their application through HPF.

Medicare

QUESTION:

I've had a few applicants denied Apple Health and Healthplanfinder states that they have Medicare, but in fact they do not have Medicare. How can that be resolved?

ANSWER:

A system fix was completed in Healthplanfinder in January. If this remains an issue today, then please contact your HCA Area Representative for a review of their Medicare status.

MEDICARE Questions?

RENEWAL PROCESS

Questions

Renewal Process

QUESTION:

What if it is March 1st and the client let their coverage lapse past the end of their certification period (ending 2/28).

Would they now be a new applicant for Apple Health or does the “Renew My WA Apple Health” link from the HPF home page remain an option or does the “Renew My Coverage” link continue to show up in the individual’s dashboard after this end date?

ANSWER:

It is our understanding that the “Renew My Coverage” link will display for 90 days after the certification period has ended. If someone is seeing this differently, please notify your HCA Area Representative.

Renewal Process

QUESTION:

How come in many renewal cases, Healthplanfinder shows the current DSHS coverage ending on 1/31/14 and Apple Health not beginning until 3/1/14? Is there no February coverage?

ANSWER:

- In most cases, the eligibility actually is ending 2/28/14 in ACES/DSHS and Apple Health coverage begins on 3/1/14 via Healthplanfinder. There is no break in coverage.

Renewal Process

QUESTION:

Renew My Coverage Link: Would we use this link when we are adding an adult member of the household who wants coverage and the children are the only ones active? Or would we need to submit a new application for the adult member?

ANSWER:

- This link can be used to add an adult household member to an existing application.
- On the “About You” screen, change the answer for “Who are you applying for?” to “Myself and Others.”
- On the “Other Household Members or Tax Dependents” screen, click “edit” for each household member seeking coverage and ensure it is marked “Yes” for “Are you applying for health coverage for this person?”

Renewal Process

QUESTION:

How do you complete a renewal when no one in the household has a valid SSN? Is the “Renew My Coverage” link an option? Can I pass the SSN screen to complete a renewal?

ANSWER:

An account worker will need to partner up the household with the IPA working with the family. HPF CSC or HCA eligibility staff have the ability to complete this.

Renewal Process

QUESTION:

If a family turns in one of the methods in the Renewal Reminder letter stating they want to maintain coverage (because they had issues in completing through HPF) will their renewal automatically be for one year?

ANSWER:

No. When the HCA MEDS Unit is notified the client wants to continue coverage, HCA will attempt to reach the client via phone to complete the renewal. If they cannot reach the client via phone, the HCA eligibility worker will enter the last known information into Healthplanfinder and send a “Request for Information” letter asking the client to confirm household income and tax filing status.

Renewal Process

QUESTION:

For a renewal, how do you search by the Primary Applicant's name?

ANSWER:

- Primary Applicants can be found using First/Last Name AND Date of Birth. You may also search by SSN.
- If the client has no SSN and has two last names, search using the first of the two last names along with the date of birth.
- **Example:** Instead of searching for “Mary Wood-Pitt”, which would return no results, search for “Mary Wood” plus the date of birth.

Renewal Process

QUESTION:

Is the certification period for a renewal 6 months?

ANSWER:

No. MAGI Medicaid renewals are certified for 12 months.

RENEWAL PROCESS

Questions?

RESIDENCY Questions

Residency

QUESTION:

What if a person enters WA State to go to drug and alcohol treatment and plans on residing here after they finish their treatment. Are they eligible for WA medical coverage?

ANSWER:

- It's important to note that residency rules have not changed. If the only reason an individual enters the state is to receive medical coverage, then they are not eligible for Medicaid.
- If they plan to make WA State their residence, then they would be eligible to receive coverage in Washington.

Residency

QUESTION:

If a client is in WA for long term 'Indian boarding school' type residency (with possibility of several years), are they eligible for Washington residency?

ANSWER:

- If the intent is that they are only in Washington for school, then they are not eligible for coverage in Washington.

Residency

QUESTION:

What about college students who reside with their parents in Washington but are attending school out of state during the school year?

ANSWER:

If they maintain Washington as their residence then they are eligible to apply and receive coverage in Washington.

Residency

QUESTION:

What happens if a person who came to Washington has ended up in the hospital and is not going to be returning to their original state, due to their medical condition, for an indefinite amount of time including possibly placement for rehab and further medical treatment.

ANSWER:

It depends on whether an individual is capable of declaring their intent. If the person is capable of declaring their intent, then it is the state they are living in and intend to reside.

Residency

QUESTION:

Is someone considered a resident if they are on a ventilator and the family is stating that the patient will be residing in WA to recover and the hospital staff doesn't know the amount of time they will be needing care?

ANSWER:

Again, it depends on whether the individual is capable of declaring their intent. If they are incapable of declaring their intent, then they are considered a resident of the state in which they are physically residing.

Residency

QUESTION:

If someone currently receives Oregon Medicaid but moves to WA State and would like to apply for medical – is there anything the client must do in OR, prior to applying through HPF? Would there be any errors related to this if they still have OR ID such as ID Proofing issues?

ANSWER:

They need to notify Oregon that they'd like to terminate coverage. They would then be able to apply in WA State. They would be covered in OR through the month in which they terminate services and coverage would begin first of the next month they apply and become eligible in WA State.

Residency

QUESTION:

What happens with patients that are currently living in WA State but are moving out of state the last week of March?
What is going to happen to their Healthplanfinder account?

ANSWER:

They need to “report a change” in Healthplanfinder and coverage will end the last day of that month.

Residency

QUESTION:

For individuals who move to WA State and apply for Medicaid, how long does it take for the HPF system to acknowledge they are WA State residents? Is it once they have received their new WA State ID card?

ANSWER:

Individuals “self-attest” to their residency when applying in Healthplanfinder, so it is immediate.

Residency

QUESTION:

I have a client who travels back and forth between Washington and California. Will they be eligible for coverage in Washington?

ANSWER:

Cases like this are very unique. If they are going back and forth between states, their state of residence would be the state where they reside the majority of the year.

RESIDENCY Questions?

RESOURCES/CONTACT INFO

CSC Referrals List

HCA Medical Assistance Customer Service Center (MACSC)	HBE Washington Healthplanfinder Customer Support Center (HBE CSC)	DSHS Community Services Division Customer Service Contact Center (CSCC)	HCA Medical Eligibility Determination Services (MEDS)
1-800-562-3022 or https://fortress.wa.gov/hca/p1contactus/ or AskMedicaid@hca.wa.gov	1-855-923-4633 or CustomerSupport@wahbexchange.org	1-877-501-2233 or www.washingtonconnection.org	1-855-623-9357 or https://fortress.wa.gov/hca/magiccontactus/ContactUs.aspx or AskMAGI@hca.wa.gov
ProviderOne Client Services Card inquiries	Apply or renew health care coverage for family, children, pregnancy or new adult medical programs	Apply for Food or Child Care assistance	Washington Apple Health MAGI Medicaid eligibility questions
Provider billing and claims questions	HIPTC/QHP/SHOP questions	Apply for Cash assistance (including TANF, ABD, etc.)	Post-Eligibility Case Review questions
Healthy Options enrollment and disenrollment	Locate an HBE In-person Assister/Navigator	Apply for Classic Medicaid programs (ABD/LTC/SSI)	Washington Apple Health for Kids premium payment questions
ProviderOne Benefit Services Package questions	Request an appeal for HIPTC/QHP programs (denials/terminations)	Request an appeal for Classic Medicaid, Cash, Food, or Child Care assistance (denials/terminations)	Request an appeal for Washington Apple Health programs (denials/terminations)

HCA Area Representatives

Area	Counties	HCA Area Representative
East	Asotin Ferry Garfield Lincoln Pend Oreille Spokane Stevens Whitman	Mark Westenhaver mark.westenhaver@hca.wa.gov 360-725-1324
North Central	Adams Chelan Douglas Grant Okanogan	Dody McAlpine dody.mcalpine@hca.wa.gov 360-725-9964
South Central	Benton Columbia Franklin Kittitas Klickitat Walla Walla Yakima	Karin Kramer karin.kramer@hca.wa.gov 360-725-0754
North West	Island San Juan Skagit Snohomish Whatcom	Amy Johnson amy.johnson@hca.wa.gov 360-725-1240

HCA Area Representatives

Area	Counties	HCA Area Representative
King	King	<p>Rebecca Janeczko rebecca.janeczko@hca.wa.gov 360-725-0752</p> <p>Jessie Dean jessie.dean@hca.wa.gov 360-725-1501</p>
Central West	Clallam Jefferson Kitsap Mason Pierce	Melissa Rivera melissa.rivera@hca.wa.gov 360-725-1713
South West	Clark Cowlitz Grays Harbor Lewis Pacific Thurston Skamania Wahkiakum	Colleen Clifford colleen.clifford@hca.wa.gov 360-725-1321
Classic Medicaid – DSHS	Statewide – DSHS	Stephen Kozak stephen.kozak@hca.wa.gov 360-725-1343

Additional Medicaid Resources

HCA Medicaid Expansion www.hca.wa.gov/hcr/me

- **Training & Education**

www.hca.wa.gov/hcr/me/Pages/training_education.aspx

- **HCA Area Representatives**

www.hca.wa.gov/hcr/me/Documents/area_representatives.pdf

- **CSC Referrals List**

www.hca.wa.gov/hcr/me/Documents/customer_support_center_referrals.pdf

- **Contact Us**

medicaidexpansion2014@hca.wa.gov

Future Webinars

Next scheduled HCA Medicaid Update webinar:

March 13th from 2pm – 3pm

TOPICS

- **Alien Emergent Medical (AEM)**
 - **Citizenship & Immigration**
- Registration announcement sent on 2/26/2014 through various email distribution lists.